MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-038740 STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 335

OCT 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0017
2 0980
3
4 1
5 0
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9 725X
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12 4-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville,
Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Stickler Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Schuyler
c. CITY OR TOWN: Lancaster
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Mary Middle: Last: Eickmeier

4. DATE OF DEATH: Month, Day, Year: October 13, 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married X Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/3/1880

9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months 6 Days 10
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper

11. BIRTHPLACE (City and state or country): Schuyler County

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Eickmeier

13b. MOTHER'S MAIDEN NAME: Margaret Kethe

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: no

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Minnie Lamb, Lancaster, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive heart failure	2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arthritis	20 yrs.
DUE TO (c)	Pyleonephrosis	2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 3, 1963 to Oct. 13, 1963 and last saw her alive on Oct. 13, 1963
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R.O. Stickler MD

22b. ADDRESS: 107 E. Harrison, Kirksville, Mo.

22c. DATE SIGNED: 10/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/15/1963

23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

23d. LOCATION (City, town, or county) (State): Lancaster, Missouri

24. FUNERAL DIRECTOR ADDRESS: Norman Funeral Home, Lancaster, Mo.

25. DATE RECD. BY LOCAL REG.: Oct. 15. 1963

26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

R. O. STICKLER, M.D.

No permit issued.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ivan E. Foster

Licensed Embalmer No. 4742

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.